STATE OF MAINE

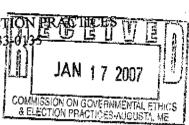


COMMISSION ON GOVERNMENTAL ETHICS AND ELECT

Maîl: 135 State House Station, Augusta, Maine 0433 Office: 242 State Street, Augusta, Maine

> Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics



STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _	Bichard M. Syke	Pleas the D	e check the appropriate box and fill in district number.
MAILING ADDRESS: _ CITY: _	HARRISON ME		Member of the Senate, District
ZIP CODE:	04040	<u>.</u>	To do sale House Bishes 27
PHONE NUMBER: _	201 38 5 2738	<u>L</u>	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. <u>Dollar amounts need not be listed.</u>
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website:
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP	A COPY OF	THESTALEMENT	FOR TOOK MADES.	

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	•			• · · · · · · · · · · · · · · · · · · ·
Name <u>of Employer</u>	A	<u>ddress</u>	<u>Activity of E</u>	mployer_
	- < 1			
None-Be	1,500			
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	· · · · · · · · · · · · · · · · · · ·			
			•	
Enter the name and add income. If associated v	ress of your business, i with a partnership, firm,	MPLOYMENT. (For Legit f any, and list the major area, professional association, or	is of economic activit	A TION MITTOR ACTION
economic activity of the	it entity.			
Name and Address of Business Entity	<u>Major Areas of Ec</u> (self)			Economic Activity tion or similar business entity)
11				
None			"	
\$1,000, whichever is g	ncome derived from sel reater, and specify the p	f-employment that represent principal type of economic a re is prohibited by law, rule,	or an established cod	e of professional ethics,
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
MSRS	A-questa	Pantal Incom
RONTAL INCOME	Lowiston	
TSA, IRA, STOC	Ke	INTERNET
PART V. DISCLOSURE OF REPORTS, 000 or more that you received during that list loans from a relative. If none, so	the reporting period, and list the major :	names of creditors for any unsecured loans of areas of economic activity of each creditor. Do
		<u>Principal Type of Economic</u> <u>Activity of Creditor</u>
Name of Creditor	Address of Creditor	ACHARA OF CIRCUIO
Nove_		
2.		
3,		·
		to a standard from the saids with as
PART VI. DISCLOSURE OF GIFT aggregate value of more than \$300 from a	S. Name the specific source of each a single source. If none, so state.	gift of more than \$300. Include gifts with a
1. More	3	
1. <u>Mare</u> 2.	4	·.
PART VII. DISCLOSURE OF HON	NORARIA. List the source of any h	onoraria accepted for appearances or speeche
related to your official duties. If none, so		
1. None	3	
2	4. <u> </u>	<u></u> ,
	EFORE STATE AGENCIES. Ident	lify each executive branch agency before which
1. Nove	3	
2		

Ι.	None	2	
PART X. I	NCOME RECEIVED BY MEMI	BERS OF IMMEDIATE I	FAMILY.
child(ren) di	e of economic activity representing e uring the reporting period and the k ived by spouse and (D) beside sour	ind of income represented.	1,000 or more received by your spouse or dependent Do not include gifts. Indicate (S) beside sources of dependent(s).
	Economic Activity	•	·
	nting Each Source of ome Received		Kind of Income
	MS12S (S)		ReTipionent
			FeTipoment Interect
2	1217 (2)		
3			
4	1.		
		•	
	•		
	18	•	•
	*****	*****	. <u> </u>
	********	***************************************	
appears t Attorney statement interest o branch of who willf	hat a Legislator has willfully General. If the Commission of t or has willfully filed a false s n every question and shall be f the Legislature, and shall no	filed a false statement, determines that a Legi statement, the Legislate precluded from voting attempt to influence stement is subject to a content of the statement is subject to a content of the statement.	rime. If the Commission concludes that it it it shall refer its findings of fact to the slator has willfully failed to file a required or shall be presumed to have a conflict of g on any question in committee or in either the outcome of any question. A Legislator civil penalty not to exceed \$1,000, payable to?
	Freshold III.	3 5 flan	1/15/07 Date